


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000043009		
1. Entity Name IMPERIAL TRANSPORT SOLUTIONS, LLC		

Principal Place of Business 10420 N. W. SOUTH RIVER DRIVE MEDLEY, FL 33178	Mailing Address 10420 N. W. SOUTH RIVER DRIVE MEDLEY, FL 33178
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DO NOT WRITE IN THIS SPACE



04152005No Chg-LLC      CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SARAFAN, MICHAEL A  
 10420 N. W. SOUTH RIVER DRIVE  
 MEDLEY, FL 33178

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SARAFAN, MICHAEL A 10420 N.W. SOUTH RIVER DRIVE MEDLEY, FL 33178
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 04/18/05-80189-008 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: 4/15/05 DAYTIME PHONE #: 305 885 6557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE